

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
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5						
6				1		
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8				1		
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TOTAL IND.			1			
TOTAL DEP.						
TOTAL CLAIMS			6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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